Virginia Medicaid Preferred Drug List
Review of New Drug Classes for PDL Eligibility

The Virginia Medicaid Pharmacy and Therapeutics Committee (P&T) will be conducting reviews of new drug classes for potential inclusion in the Preferred Drug List (PDL) program. The Virginia Medicaid program will continue utilizing Virginia specific contracts for pricing and supplemental rebates directly with manufacturers. Manufacturers are encouraged to provide supplemental rebate offers for consideration by the Commonwealth of Virginia.

The Department of Medical Assistance Services (DMAS) has set the anticipated schedule for the review of 7 drug classes to potentially be implemented in January 2006 (Phase I). The following therapeutic classes of drugs will be reviewed for PDL inclusion:

Immunomodulators

Topical Immunomodulators

Electrolyte Depleters

Multiple Sclerosis Agents

Urinary Tract Antispasmodics

Lipotropics Non-Statins: Fibric Acid

Lipotropics Non-Statins: Niacin Derivatives

- Wednesday, June 8, 2005: Meeting of the P&T Committee to review clinical information for these drug classes.

- Monday, August 1, 2005: A comprehensive bidding package with instructions will be sent electronically to manufacturers by First Health Services Corporation.

- Tuesday, September 6, 2005: Manufacturers' final supplemental rebate offers must be submitted to First Health Services by close of business. The Department expects to receive best and final offers by this date.

- Late Summer/Fall 2005: Meeting of the P&T Committee to review pricing information and to select which drugs will not require prior authorization.

- Friday, October 14, 2005: First Health Services must receive all manufacturer-executed supplemental rebate contracts by close of business. Should the final contract not be received at this time, previous offers will be considered rescinded.

- Monday, December 5, 2005: Final PDL posted on the DMAS website.

- Monday, January 2, 2006: Implement prior authorization requirement for drugs that were not selected to be on the PDL.